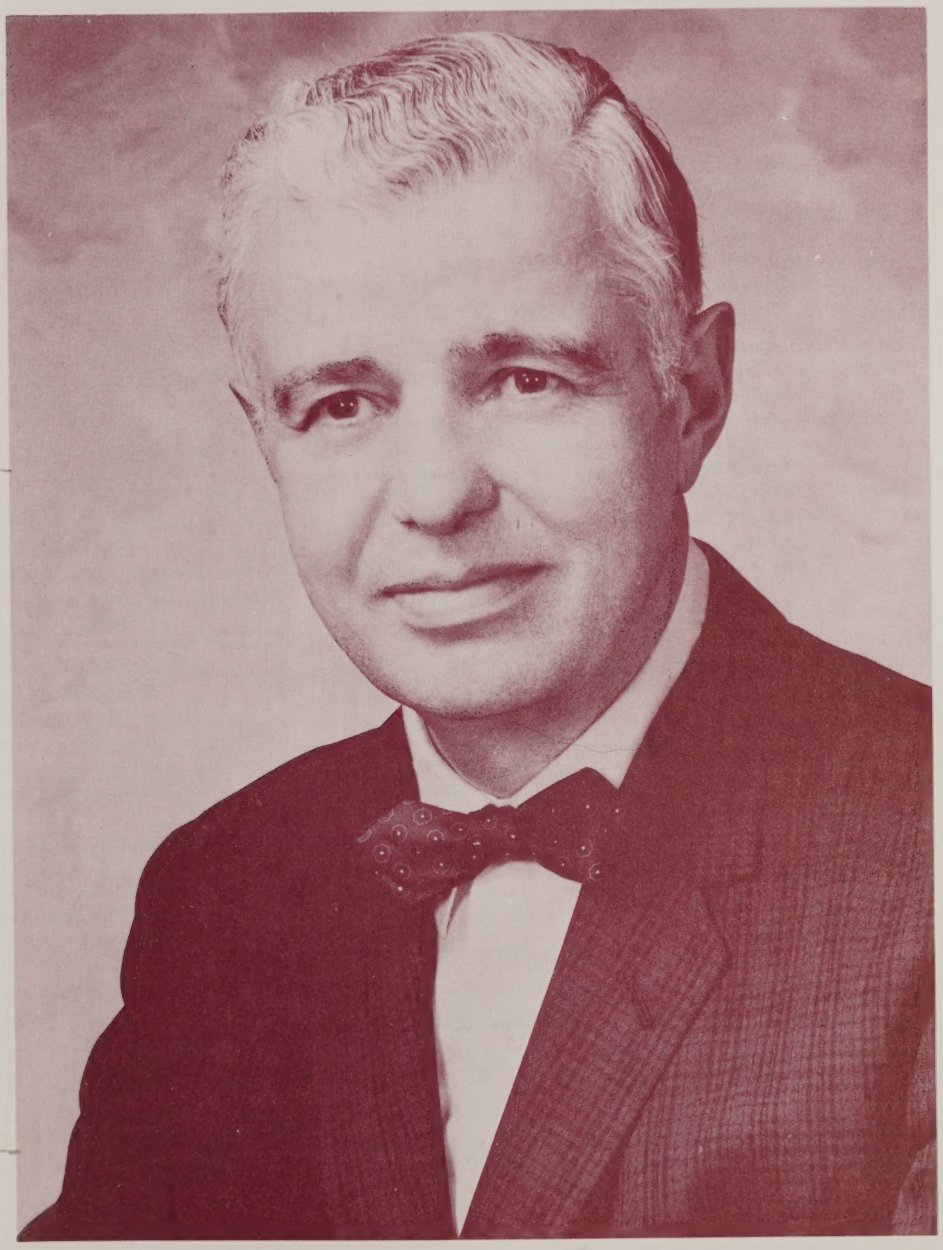
The Hampden Hippocrat

MAY 1971



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THE HAMPDEN HIPPOCRAT

A bulletin for
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The Massachusetts
Medical Society

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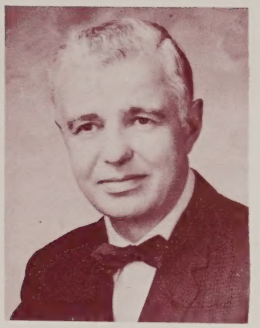

President's Page

Inaugural Address . . . THE CHALLENGE

We are confronted today in this country with the ever increasing demand for compulsory health insurance of one form or another. One such plan is that of the late labor leader Walter Reuther, now known as the Kennedy Plan. This would foist on us a form of socialized medicine in which the direction for medical care will come from bureaucratic agencies. It will be supported in part by a social security type of tax and in greater measure, i.e. 66-2/3%, supported by general federal funds or taxes. This plan would virtually abolish the health insurance industry. On the other side of the scale is the practice of fee-for-service as we now know it.

In between this conscription type of medical service delivery and the fee-for-service type of medical practice are numerous schemes which favor one or the other of these two measures. To mention just a few of these, let me enumerate three examples:

1. The Ameriplan sponsored by the American Hospital Association which advocates the establishment of a National Health Commission which would provide a method of universal health care financed by a system of voluntary health insurance and government subsidies.

2. The Medicredit Plan of health insurance, proposed by the AMA, which provides for the full payment of health insurance premiums by the government on behalf of the indigent, and a regressive method of income tax credit for others.

3. HMO or the Health Maintenance Organization plans as advocated by the present administration. This was inspired to a great measure by the relative success of the Kaiser-Permanente Plan and the Health Insurance Plan of New York.

In each of these and in each of a host of other health insurance plans there is present the concept of a *peer review.* This concept of *peer review* includes not only quality control but also over-utilization and under-utilization of health facilities, as well as cost control. It may also include preventative health care. A thorough appreciation of the concept of *peer review* is of utmost importance to us. In the past and at the present time medical societies do indeed practice quality control. The universal existence of tissue committees, death review committees as well as the structure of the staff organizations in the various hospitals attests to this fact. Again, in the past we were involved in the cost control indirectly by our generous and enthusiastic support of the charity services. But charity, as we knew it, is a thing of the past.

Acknowledging the various issues and conflicts as they exist today, and recognizing that effective *peer reviews* are the most logical way of exercising quality and cost control as well as over-utilization and under-utilization controls, many medical societies throughout the country are studying the concept of Foundations for Medical Care. By such foundations doctors keep control of their activities, rather than an outsider or a bureaucratic agency dictating their terms to us. Typically, a district or county medical society, or a joint venture by a group of adjoining districts, or even the

entire state medical society, (as in the case of Colorado) organizes itself as a Medical Care Foundation. The quality of medical care, the under-utilization as well as over-utilization of medical care are reviewed by committees of our own peers. The financial renumeration of the participating physician is scaled according to a relative value fee schedule. The participating physician agrees to accept this fee as payment in full, while the insurance carrier – whether it be a commercial carrier, the Blue Shield or even the government agency, as in the case of Medicaid – agrees to pay the full cost, again based on a relative value scale. In some plans the hospital costs are also so controlled; in others, the insurance carrier deals directly with the individual hospital.

In this regard, the Hampden District Medical Society is proud to have a Peer Review Committee. It is geared to pass opinion on socio-economic problems such as fees that members of this Society or of this community may encounter.

The challenge facing the Hampden District Medical Society is to study the feasibility of establishing a Medical Care Foundation. There is much spade work to be done. We will have informative literature in *The Hampden Hippocrat,* we will invite informed speakers to help us evaluate the problem of setting up a Medical Care Foundation. After sufficient preparation, this Society will be asked to make a decision as to whether or not to establish such a plan in this area.

John J. Bandeian

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HDMS ANNUAL MEETING HIGHLIGHTS

The annual meeting of HDMS was held on April 27, 1971, at Chez Josef's, Agawam, with President Turner calling the meeting to order at 6:15 P.M.

Attendance: 166, including 16 without reservations; 177 made reservations with 27 failing to attend and cancel their reservations.

The minutes of the regularly scheduled meeting of February 2, 1971, were accepted as read.

COMMITTEE REPORTS

President Turner called attention to the annual committee reports without recommendations as published in the April issue of *The Hampden Hippocrat;* these were accepted as published.

Dr. Gary DeN. Hough, III, presented the following report with recommendations on behalf of the Ad Hoc Committee on Social Agency Summer Camp Physical Examinations:

"The Ad Hoc Committee has attempted to survey summer camp activities of social agencies in Springfield. It would appear that these agencies service approximately two thousand children per year in resident camps and between three and six thousand children in day camps primarily from the greater Springfield area. Agencies with established camping programs are well aware of the desirability of coordinating the program with the total health pattern of the camper and have made arrangements for individual physical examinations preferrably by the camper's private physician. At least three agencies service individuals who allegedly cannot afford the cost of private physicians and reluctantly perform 'mass physicals' for a portion of their campers. Several agencies commented on the excellent cooperation of local physicians in performing these services. One Executive stated that the Medical Society would perform a great service if they assisted with mass physicals.

The Ad Hoc Committee makes the following recommendations:

1. Pre-camp physical examinations should be integrated with the total health care of campers and counsellors.

2. The arbitrary selection of a two month period prior to camping for physical examination is medically useless and a practical hardship on physicians, campers, and social agencies.

3. Mass physical examinations cannot be expected to contribute significantly to the total health care of the camper and provide a false sense of security to both the camp and the camper.

4. A properly performed annual physical examination is preferable to current practices in meeting the above goals.

5. In addition a screening examination for contagious disease is necessary for the safety of the campers. This should be performed as close as possible to the opening of the camp and should be done

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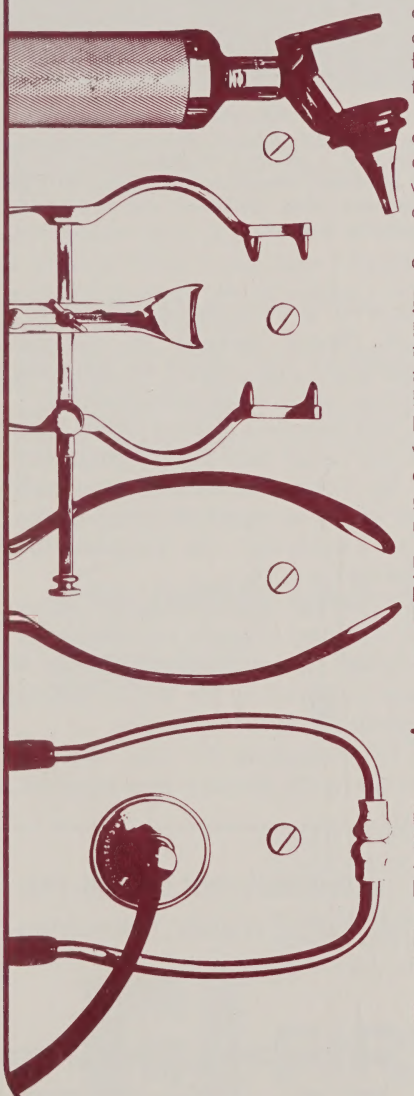

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by properly trained para-medical personnel.

The Ad Hoc Committee recommends that the following actions be taken by the Hampden District Medical Society:

1. The Hampden District Medical Society should be on record as disapproving mass physical examinations and encouraging a more direct patient-physician relationship for summer campers.

2. The Hampden District Medical Society should institute efforts, directly or through the Massachusetts Medical Society, to eliminate the legal requirements that physical examinations be performed within two months of attending camp and permitting an annual physical examination by a physician to replace this requirement. The utilization of properly trained para-medical personnel for screening examinations for contagious disease should be approved.

3. Recognizing that some children deserving of camp experience will fail to obtain appropriate annual physicals and that temporary stop gap measures will be necessary, the Hampden District Medical Society should organize hospital based examination clinics during May, June, and July of each of the next few years. The time and place of these clinics should be pre-arranged by the Society. The members of the Society should be polled to obtain volunteers to staff these clinics. The administrators of local hospitals should be polled as to their willingness to supply facilities for these clinics. These clinics should be discontinued as soon as the need for them can be eliminated.

4. Social agencies in the greater Springfield area should be informed on actions taken on the above matters."

"On To '71 - '72"

L. to R.: Dr. Paul T. Moore, Treasurer; Dr. Robert N. LaMarche, President Elect; Dr. John J. Bandeian, President; Dr. John W. Turner, Immediate Past President; and Dr. Setrag A. Zacarian, Secretary.

The members present voted approval of the report and the recommendations.

Dr. Howard N. Simpson then rendered the following report on behalf of the Ad Hoc Committee on Foundations for Medical Care:

"The Ad Hoc Committee appointed by President Turner to investigate the proposal submitted to the Western Mass. Health Council by Mr. Walter Bodenstein submits the following report.

In attempting to view the present overall health situation in perspective, the

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Committee recognizes the fact that there are serious deficiencies in our present health care structure and that the situation is particularly severe among the poor. The Committee does not agree, however, that this is a recent, acute crisis. For the past hundred years the poor in this country have had inferior medical care. Prior to a hundred years ago there was no such thing as good medical care for anyone. A generation ago it was a favorite cliche that the best medical care was provided to the rich, because they could afford it, and to the poor because they got it for free. What was really meant by 'the poor' in those days were the indigent who lived within shouting distance of a teaching hospital where they could get free care. The inadequacy of health care for the poor is no more a recent matter than is pollution of rivers and streams. These things have long been established facts; all that is sudden is they have now become issues.

Just because these problems are not new, however, is no reason why they should not be attacked promptly and with vigor. Furthermore, it is natural that a variety of solutions should be proffered.

Among the solutions proposed to forward the mass marketing of health care are Health Maintenance Organizations. These are visualized as developing in all shapes and sizes and with a variety of types of organization and with varied methods of support and financing. It would appear that this concept, in its broadest sense, is likeliest to emerge as a most significant mode of attack on the currently confused, disorganized, lop-sided and chauvinistic structure that at present comprises our system of health care.

This community has recently been presented with a unique variant of H.M.O. by Mr. Walter Bodenstein of Computer Health Systems, Inc., purportedly of Boston. Briefly, the proposal is for this corporation to establish and maintain a clinic made up of physicians and para-medical personnel, located in the Model Cities Area of Springfield, to provide health care to eligible welfare recipients for a minimum of forty and a maximum of eighty hours a week. This would be financed on a

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pre-paid capitation basis under a contract with the Massachusetts Department of Public Welfare. Mr. Bodenstein himself describes this as 'the first privately vendored Health Maintenance Organization in the Nation.'

Mr. Bodenstein's presentation to the WMHPC is far too lengthy to attempt to summarize here, but it shows evidence of the legal mind at work. He makes a forthright statement of an obvious and anticipated question and then brushes the entire matter aside as though it had been dealt with fully and completely. As an example, he mentions several experimental programs aimed at 'a more rational form of providing and financing health care delivery under Medicaid' and mentions a program in Denver, another in East Baltimore and the Roxbury Mission Hill organization in Boston, and then goes on to say:

'However, the major outstanding difference between these experiments and that proposed in the following discussion is that they are operated by teaching affiliated medical institutions or non-profit organizations, unequipped by past background and experience to deliver and manage large health care delivery programs. The proposal described herein would mark the first breakthrough in this field by a private provided of health care.'

It is difficult for the medical mind, disadvantaged by lack of training in legal logic, to appreciate these subtleties. How is the private provider in his first breakthrough so much better equipped by background and experience in this field than even the unworldly and unsophisticated teaching affiliated medical institutions? His next criticism is that the. . .

'most serious deficiency of these experimental programs is that they are not all-inclusive. Typically, basic dental care is left out and methodical programs of annual health status screening using the most modern of medical technology and examination procedures are not designed in.'

Perhaps, inasmuch as the commonest disease to afflict the human race is dental caries, the Johns Hopkins and Harvard groups decided to proceed cautiously in this regard. Furthermore, the fetish of the annual physical examination as an efficient case-finding procedure is not a universally accepted article of faith even among public health practitioners.

There is nothing to be gained by answering Mr. Bodenstein's proposition point by point. Obviously there are many sound suggestions in it. The Committee has grave doubts, however, about the overall scheme. No one has ever received a direct answer to the question, 'Why was Springfield chosen for this innovation?' Nor have we been told, except in the vaguest terms, how this clinic is to be staffed, and how the staff is to be paid. A single sentence details this latter question. 'Professional group members will be compensated on a combination of competitive salary and per diem rates,

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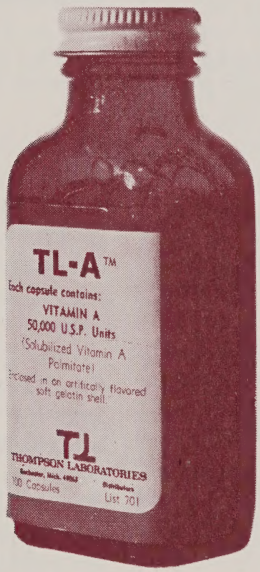

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profit-sharing and stock options equity participation.' This comment follows several pages after repeating those now familiar and gratuitous sneers describing medical practice in this country as a cottage industry and implying that the fee-for-service principle is the prime reason for the inflationary trends in costs of medical care. To the corporate mind it would appear that profit-sharing and stock options operate for efficiency and the common good; whereas, only the greedy function for a fee.

The Committee recognizes that such a mechanism as proposed by Mr. Bodenstein would be most welcome to the Mass. Dept. of Public Welfare, inasmuch as one entity must be dealt with rather than several hundred physicians. The potential advantages to Computer Health Systems, Inc. and its stockholders can also be surmised. The benefits to the general body of physicians in the community who will still be responsible for the care of the enrollees for upwards of 88 hours per week is somewhat less apparent. Most important of all, of course, the gains to be derived by the eligible welfare recipients are utterly imponderable. The aspect of the matter that gives your Committee a chill is this: when the price of a product is fixed by contract, if profitability is endangered, it is the consumer who suffers.

"For 50 Years"
L. to R.: Dr. John W. Turner, President, to Dr. Frederick S. Hopkins.

The Committee is well aware that if the HDMS were cavalierly to dismiss this form of H.M.O. and ignore the issue henceforth, then the Society would sustain irreparable damage in the mind of the public. An alternative must be found that will receive vigorous support from the physicians, the hospitals, the health agencies and the WMHPC, as well as meeting the requirements of the Mass. Dept. of Public Welfare. It is our sincere hope that with further study it may develop that some modification of the Foundations for Medical Care plans will meet and satisfy these complex criteria."

The membership voted to receive this committee's report as informational. Thereupon, the following letter for transmissal to the WMHPC was adopted unanimously by the membership with instructions for the most expeditious delivery:

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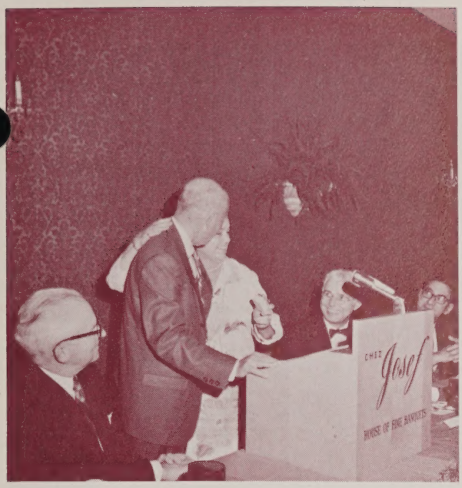

"Thanks For 10 Years' of Service VIV!"
L. to R.: Dr. John W. Turner, Dr. Paul T. Moore, Mrs. Vivian M. Purdy, Dr. John J. Bandeian, and Dr. Setrag A. Zacarian.

hoc committee appointed by President Turner to study Foundations for Medical Care, the Interhospital and Community Health Planning Committee, and the Executive Committee have all studied the proposal submitted to the Western Massachusetts Health Planning Council by Mr. Walter Bodenstein of Computer Health Systems, Inc.

The committees were overwhelmingly in agreement that the concept of Health Maintenance Organizations has genuine validity and has the enthusiastic support as well as the financial backing of the Federal Government. They also felt that the local medical climate was entirely unsuited for the launching of a pilot project of this nature by an utterly inexperienced entrepreneurial corporation. There was nothing in the proposal as submitted guaranteeing that either the quality or the quantity of medical care to be provided would be adequate or that the cooperation of the hospitals in the area could be secured. Inasmuch as the original, and for some time the sole contact made by Mr. Bodenstein in this area was with the Health Planning Council which has in its membership only one physician from all of Hampden County, it would appear that the cooperation of the medical profession was either taken for granted or considered unnecessary. Furthermore, it was readily apparent that all of the services suggested by Mr. Bodenstein's organization would merely be duplication of modalities presently available in the community.

In case, however, the attitude of the District Society should be criticized as mere provincialism, it should be pointed out that there are several and significant projects either completed or under way in the community right now which will have a genuine impact on the health care of the poor in Springfield. Building projects involving the three general hospitals in the city will approach forty million dollars. Emergency ward facilities, both in equipment and in staff, have been enormously increased in the past few years. The Springfield Hospital Medical Center with the cooperation of the University of Massachusetts operates a clinic at Riverview. Mercy Hospital operates a health care and counseling center in the North End. Within the past two weeks the Wesson Women's Hospital has opened on State Street, near Walnut, a Women's Neighborhood Health Center designed to provide obstetrical and gynecological health care to residents of the Model Cities area. Of equal importance is the fact that the pediatricians in the community are supplying infant and child care at the same facility. Furthermore, the District Medical Society currently has under serious study several varieties of Foundations for Medical Care. Essentially these are a major league variety of peer review.

It is the sincere belief of the Hampden District Medical Society, by vote of 27 April 1971, that the proposal of Computer Health Systems, Inc. is neither wanted nor needed, passed unanimously."

The Treasurer, Dr. Paul T. Moore, reported that receipts for the fiscal year 1970-1971 were $27,578.80 and disbursements of $24,068.69 with a balance of $3,510.11 on hand as of April

1, 1971. A budget of $24,200 for the coming fiscal year has been approved by the Executive Committee with an anticipated income of $21,750.00 from dues at $50 per member. In the light of the aforesaid, it was recommended that the dues remain at $50 per member for the coming year. This report as well as the dues recommendation was approved along with the report of the Auditing Committee, which found all the accounts in order.

NEW BUSINESS

Under new business, Dr. Charles S. D'Avanzo brought to the members' attention a letter from the Mass. Federation of Physicians, which he had received, outlining the "economic inroads made against doctors in Mass. on a unilateral basis" over the recent year. He, moreover, posed the question as to what the MMS was doing in this regard. At this point, Dr. James D. Allan pointed out the activities of the MMS's Committee on Tax Supported Medical Care and the adoption of the statewide Relative Value Study for establishing fees to be paid by third party payees as examples. Moreover, Dr. Allan pointed up that certain members of HDMS were spearheading a drive to re-vitalize BAYPAC so that vigorous political action could be taken on behalf of Mass. physicians. Members of HDMS would shortly be circularized for contributions and participation.

Dr. James D. Allan introduced the following resolution which was adopted:

"Re. CPR"
Dr. Milton H. Alper.

"WHEREAS, unwarranted malpractice litigation has become a national disgrace, is adding to the increasing cost of rendering medical care, is striking fear into the conscientious practice of medicine and may be causing potential students to turn away from the profession of medicine; and,

WHEREAS, a conservative estimate of the premium increase to Massachusetts physicians in the past five years has been over $10,000,000; and

WHEREAS, the present contingency fee system practices by the legal profession in Massachusetts allows a legal fee of 33% for out-of-court cases and a

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40% fee for court-contested cases *based on the gross settlement* which, in effect, makes business partners of the lawyers and the claimant; and

WHEREAS, the contingency fee system is an unethical practice which is causing an upward spiral of unwarranted and unjust malpractice claims;

BE IT RESOLVED, that the Massachusetts Medical Society urge the Massachusetts Bar Association to review the contingency fee system to:

(a) Immediately declare that fees shall be based on the net settlement; and

(b) Work out a fee-for-service payment that is an ethical method for professional people, whether they be lawyers, dentists or physicians; and

BE IT FURTHER RESOLVED, that the Massachusetts Medical Society support legislation to declare the contingency fee system illegal unless a satisfactory agreement can be reached between the Massachusetts Medical Society and the Massachusetts Bar Association through their respective governing councils."

At this point of time, namely 7:20 P.M., the meeting was recessed for the social hour and dinner.

PRESENTATIONS

At 9:00 P.M. the meeting was reconvened with President Turner calling for a moment of silence to be observed in respect for 11 members of the HDMS who have passed away during the year:

Norman A. Pokorny, Springfield
Stanley S. Stusick, Springfield
Maceo D. McGoodwin, Springfield
William S. Conway, Springfield
Joseph Tauber, Springfield
Walter Newman, Springfield
Bronislaus A. Galuszka, Chicopee
Paul Nathan, Holyoke
Mario J. Cariani, Springfield
Peter S. Zarecki, Springfield
George B. Corcoran, West Springfield

Following this, presentations of 50 year membership certificates were made to Dr. Fairy P. Brown of Springfield, Dr. James E. Byrnes of Holyoke, and Dr. Frederick S. Hopkins of Springfield.

Mrs. Purdy, Executive Secretary, was presented with a gift in appreciation of 10 years of devoted service to the HDMS.

After the presentations, Dr. Milton H. Alper, Anesthesiologist at the Boston Hospital for Women gave a talk on the "Current Concepts of Cardio-Pulmonary Resuscitation."

The report of the Nominating Committee was presented by Dr. Sheldon Goldberg; this was unanimously accepted as presented (see page 17)

Retiring President Turner expressed his gratitude to all who assisted him during his tenure of office and thereupon introduced the new President, Dr. Bandeian. After rendering a brief inaugural address, (see page 4), President Bandeian announced his appointments to the various committees for the coming year (see page 18).

There being no further business, the meeting was adjourned at 10:15 P.M.

After the close of the Annual Meeting, the newly elected Councilors to the MMS met to elect Dr. John C. Ayres as the Executive Councilor and Dr. James D. Allan as Alternate to the Executive Councilor.

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President	John J. Bandeian
Vice President & President-Elect	Robert N. LaMarche
Secretary	Setrag A. Zacarian
Treasurer	Paul T. Moore
Assistant Secretary	Rocco A. Verrilli

EXECUTIVE & GRIEVANCE COMMITTEE:

Ex-officio

John J. Bandeian — John W. Turner

Ex-officio

Robert N. LaMarche — Paul T. Moore

Ex-officio

Setrag A. Zacarian — Bernard N. Gilchriest

1972

Sheldon S. Goldberg — Wm. J. Cummings

1973

John E. McHugh — James D. Fisher

1974

John J. Burke — William E. Sheehan

MMS COUNCILORS:

James D. Allan	West Springfield
Malcolm S. Allan	Springfield
Augusto G. Asinas	Holyoke
John C. Ayres	Springfield
John J. Bandeian	Holyoke
Bernard Bloom	Springfield
Maurice J. Boivin	Holyoke
Gardner Cox, II	Holyoke
Louis F. DeRose	Springfield
Elmer F. Franseen	Springfield
James J. Gallagher	Longmeadow
Leandre W. Giguere	Springfield
Bernard N. Gilchriest	Springfield
Donald R. Hayes	Longmeadow
Garry DeN. Hough, III	Springfield
Allen S. Johnson	Longmeadow
Joseph R. Kelly	Holyoke
Robert N. LaMarche	Springfield
Walter S. Mozden	West Springfield
Victor Panitch	Holyoke
Walton E. Stevens	Springfield
Joseph R. Stirlacci	Springfield
Bruce B. Stoler	West Springfield
Setrag A. Zacarian	Springfield

SUPERVISING CENSOR:

Malcolm S. Allan

CENSORS:

Henry Burkhardt	1968
Bernard N. Gilchriest	1968
H. Bernard Tillman	1970
Donald G. Wetherbee	1968

COMMISSIONER OF TRIALS:

Alfonso A. Palermo

PUBLIC RELATIONS COUNCILOR:

Bernard N. Gilchriest

LEGISLATIVE COUNCILOR:

James D. Allan

NOMINATING COUNCILOR:

Elmer F. Franseen

ALTERNATE TO NOMINATING COUNCILOR:

Robert N. LaMarche

REPRESENTATIVE TO STATE COMMITTEE ON TAX SUPPORTED MEDICAL CARE:

Bruce B. Stoler

HDMS NOMINATING COMMITTEE

John E. Yelle — 1972

Chairman

David E. Booker	1973
Jean Aucoin	1974

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HDMS COMMITTEES FOR 1971-1972

The following committees were appointed by President John J. Bandeian, M.D., at the Annual Meeting of April 27, 1971.

STANDING COMMITTEES

AUDIT COMMITTEE
Howard N. Simpson, Chairman
Howard P. Kennedy

BLUE SHIELD DISTRICT PROFESSIONAL SERVICE
Joseph R. Kelly, Chairman
John J. Alifano, Jr.
Augusto G. Asinas
Mordecai E. Berkowitz
Waclaw Hojnoski, Jr.
Terry D. Ryan
James D. Allan

BY-LAWS
Harry N. Memery, Chairman
Theodore R. Miner
Rocco A. Verrilli
Setrag A. Zacarian

GREATER SPRINGFIELD CHAMBER OF COMMERCE
John J. Bandeian
Vivian M. Purdy

COMMUNITY COUNCIL REPRESENTATIVES
John J. Bandeian
Robert N. LaMarche

DISASTER MEDICAL CARE
Frederick C. Schwendenmann, Chairman

INSURANCE, LABOR RELATIONS & INDUSTRIAL ACCIDENTS
Richard C. Hirschhorn, Chairman 1972
Robert D. O'Malley 1973
Cyril E. Shea, Jr. 1974
W. Max Cloud 1975

LEGISLATIVE
James D. Allan, Chairman
Maurice J. Boivin, Alternate
Samuel J. Brendler
William M. Davis
Robert S. Mandell
Ronald S. Nadel

MALPRACTICE & MEDICO-LEGAL AFFAIRS
Agostino Natale, Chairman 1972
Eugene W. Beauchamp, Jr. 1973
Eugene G. Boss, Jr. 1974
Cyril E. Shea, Jr. 1975

MEDICO-RELIGIOUS
Augusto G. Asinas, Chairman
Joseph I. Bernstein
Kenneth L. Collard
William N. Hill
Theodore E. Hoffman
Lewis W. Whiting

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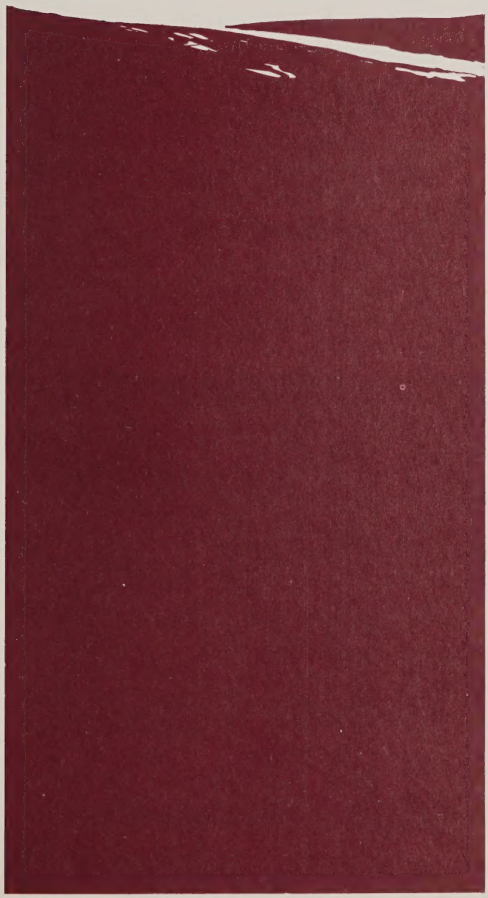

Discuss. Evaluate. Participate. Join your colleagues in seminars and meetings on cardiac care, abortion, organ transplantation and drug abuse. At the Annual AMA Convention you can also discuss the latest drugs and equipment with the manufacturers. Expand your medical knowledge. Come to Atlantic City June 20-24. Here are some of the highlights you won't want to miss.

The Scientific Program includes two all day in-depth sessions on "Coronary Care Units and Cardiac Arrythmias" and "Trauma." A program on "Organ Transplantation--Present State of the Art" is also scheduled.

Relevant problems facing today's physician will be discussed in two sessions "Abortion--A Legal Fact" and "The Role of the Physician in Drug Abuse." The 23 Scientific Sections of the AMA will contribute programs of high interest in their specialties.

Join your colleagues for a stimulating five days in Atlantic City. And remember Atlantic City can be fun for the entire family. Swimming, golf, shops, antiques, and fine restaurants provide hours of entertainment for you and your family. Most new and modernized hotels are located near the five mile long Boardwalk. Plan now to attend the 120th Annual AMA Convention.

American Medical Association
120th Annual Convention
June 20-24, 1971

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Ralph H. Levin-Epstein
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Cecilia A. Bush
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Rene V. Hebert
Dalton L. Kinsella, Jr.
Paul T. Moore
Walter J. Pacosa
Stephen J. Zwirek
PUBLIC RELATIONS
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Walter S. Mozden, Alternate
Robert J. Bye
Roger E. Parenteau
Lester G. Suzor
SCHOLARSHIP
Bernard Bloom, Chairman
Demosthenes D. Dasco
Francis A. Kanski
Edward D. McHugh
WOMAN'S AUXILIARY
Carlo Q. Montori, Chairman
James D. Allan, Legislative
Walter S. Mozden,
Public Relations Alternate

AD HOC COMMITTEES

FOUNDATIONS FOR MEDICAL CARE
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John J. Bandeian
Donald R. Hayes
Walter S. Mozden
John P. Sigsbee
Bruce B. Stoler
John W. Turner
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Leon M. Kruger
James W. Morgan
Carlo Q. Montori
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William G. Taggart
Robert J. Donohue
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James J. Visconti
Raymond L. Gagnon
William J. Dean
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J. Wallace Morgan
Jean Paul Aucoin
James J. Collins
James D. Fisher
Gardner Cox, II
John J. Driscoll
Edmund J. Zielinski
J. J. Arenstam
A. Dwight Bramble
John T. Branciforte
F. C. Schwendenmann
PEER REVIEW RESERVE COMMITTEE
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HIGHLIGHTS OF THE APRIL EXECUTIVE COMMITTEE MEETING

The Executive Committee met on Tuesday evening, April 20, 1971 in the Conference Room of the HDMS. Present were Drs. Turner, Zacarian, Fisher, Bandeian, Moore, Gilchriest, Kelly, Mozden, Sullivan, and Mrs. Purdy.

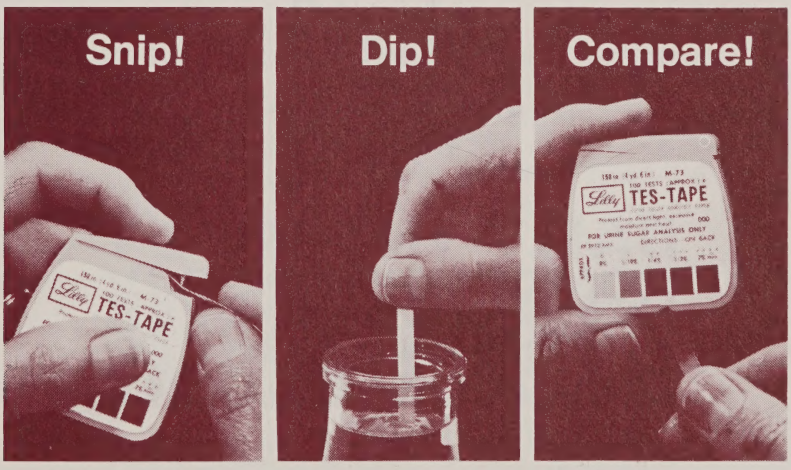
Dr. Pace attended on the invitation of Dr. Turner to give the Committee an informative report of the WMHPC, Inc., inasmuch as he serves as a member of the Board of Directors. He gave the composition of the board and pointed out that few physicians are members and that an Executive Committee is presently being formed because of the large number of members on the board. Dr. Pace stated the Health Maintenance Organization that has been proposed has not been voted upon by the Board of Directors of the WMHPC, Inc. Dr. Pace was thanked by Dr. Turner for his presentation.

The meeting was called to order at 8:40 P.M. The minutes of the March meeting were approved as read by Dr. Zacarian.

CORRESPONDENCE

Dr. Zwirek, Chief of Obstetrics-Gynecology at Wessons Women's Hospital, wrote describing the new facility which is opening on State Street for pre-natal, post natal and family planning services. He suggested that moral support from the HDMS would be most important in furthering the progress of this project. The Committee voted unanimously to support this project and send a letter to this effect.

A letter from Mrs. Cummings, President of the Woman's Auxiliary to the HDMS, informed the Committee that the Auxiliary has recognized "Doctor's Day" and three physicians, who have



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served medicine for 50 years, by sending a donation to AMA-ERF. The Woman's Auxiliary will be thanked for its generous donation. Dr. Hahn again replied to Section I (c) of the Medico-Legal Code. He stated that after much deliberation the fee of $15.00 *for the report only* was unanimously agreed upon. He stated that one should note the clause, "except in unusual cases.". This was intended to mean that certainly if a report covers many pages, the fee proportion will be adjusted and should be accepted by the attorney. The Executive Committee voted to send it once again back to committee with the suggestion that the amount be taken out.

Dr. Bandeian gave a report on the Interhospital and Community Health Planning Committee with recommendations. The Committee voted to accept the report and to file it for the present. A letter to the WMHPC, Inc., on the findings of the study of the Computer Health Systems, Inc., will have to be sent by April 29, 1971. Dr. Turner distributed copies of a report written by Dr. Simpson on the Computer Health Systems, Inc. The report was read by the Committee and accepted. The suggestion was made that the two reports be combined and that Dr. Zacarian, Dr. Simpson and Mrs. Purdy have a meeting very soon to compile a report for the next HDMS meeting so that the membership may be informed of this Health Maintenance Organization.

Two tentative dates have been set for the Leadership Training Seminar, sponsored by the AMA and to be held next year in conjunction with the Hartford County Medical Association. The dates are March 18-19 or 25-26, 1972, and the place, the Tobacco Valley Inn in Windsor Locks, Connecticut.

Dr. Hough, Chairman of the Ad Hoc Committee on Social Agency Summer Camp Physical Examinations sent in an excellent report of the findings of his committee. There are five general recommendations and four recommendations made to the HDMS for action to be taken. These will be sent to the MMS for study and implementation.

Letters that have been sent to various State Senators and Representatives

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against Chiropractic by Dr. James D. Allan, Chairman of the Legislative Committee, were accepted as informational and will be kept on file.

Mrs. Purdy reported that she has attended meetings on emergency care which a study group is presently investigating. She further reported that the New England Telephone Company has not as yet taken the emergency number out of the "Yellow Pages" and that the Company is intercepting all calls and referring them to the HDMS office. A meeting will be held with officials of the Company to make sure that these numbers are removed from the book at the next printing.

Mrs. Purdy attended a meeting in Boston at the request of the MMS to meet with the Massachusetts Dental Society and the state druggist association about advertising of drugs. The state druggists' association reminded the people present that they have a grievance committee and that letters should in the future be written to this committee.

Reports with proposals for changes to be made in the Blue Shield's By-Laws were presented by Dr. James D. Allan. The Committee referred this to the Blue Shield Committee for study and comment.

Two letters of an informational nature received from the offices of the HEW are to be filed for future use.

Dr. Driscoll sent an informational letter about the new Methadone Maintenance Treatment Program at the Providence Hospital which is operating. This will be sent to *The Hampden Hippocrat* for publication.

Dr. Moore, Treasurer, presented the financial report for 1970 with the budget for 1971-1972. He suggested that the dues stay at $50.00 and feels that the budget will stand this for another year.

The Executive Committee adjourned at 10:10 P.M.

The Grievance Committee met and heard four cases. The meeting adjourned at 11:15 P.M.

MARK YOUR CALENDAR NOW!

HDMS Meeting, September 28
HDMS Executive Committee Meetings, June 8 and September 21
HDMS Golf Day, Longmeadow Country Club, July 21
MMS Annual Council Meeting, Boston, May 26
MMS Annual Meeting, Boston, June 1-3
American Rheumatism Association, New York, June 10-16
American Diabetes Association, San Francisco, June 22-23
AMA Annual Meeting, Atlantic City, June 20-24

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One Man's Opinion . . .

1965-'70: A MID-DECADE OF PROGRESS

"The best thing which we derive from history is the enthusiasm that it raises in us."

– Goethe

One of the fringe services rendered by *The Hampden Hippocrat* is in the nature of archivist or historian. Our bulletin not only chronicles all the major events of the Society as they happen but, from time to time, pauses also to put these events in historical perspective. The best example is the issue of January, 1965, featuring, as it does, the history of the HDMS from its inception in 1840 to the year 1965. It was, as many may recall, *The Hampden Hippocrat's* contribution to Hampden's observance of its 125th anniversary. An effort is made in the paragraphs that follow to catalogue briefly the more recent happenings and to capture, if possible, the spirit and character of the last 5-6 years of our Society.

TABLE OF EVENTS

The following is a list of Hampden's major events from 1965 to 1970 as compiled by our most capable Executive Secretary, Mrs. Vivian Purdy:

Distinguished guest speakers at our District meetings:

AMA President Donovan F. Ward, M.D., Feb. 1965

AMA President James Z. Appel, M.D., Dec. 1965

AMA President Gerald Dorman, M.D., Nov. 1969

AMA Vice-President F. J. L. Blasingame, M.D., Dec. 1966

AMA Director, Dept. Medicine and Religion, Rev. Paul B. McCleave, Feb. 1966

AMA E. J. Holman, Esq. March 1967 (Public Relations)

AMA Richard Bergen, Esq. May 1970 (Malpractice)

"Operation Hampden Alert" (Disaster Drill) Dr. Mozden, April 1966.

"For Your Information" Radio (WACE) weekly series of interviews on special Medical subjects, 1966.

Scholarship Committee established. Scholarships awarded to 11 medical students and student nurses.

Two joint meetings with Hampden Bar Association, 1967 and 1970.

Annual indoctrination dinner-meetings (5).

Annual Golf Days (5).

Dr. John Ayres designated Editor-in-Chief and Dr. H. B. Tillman, Assistant Editor of *The Hampden*

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190th Anniversary Meeting
MASSACHUSETTS MEDICAL SOCIETY
STATLER HILTON, BOSTON
June 1, 2, and 3, 1971

TUESDAY, JUNE 1

ANEMIAS: PATHOGENETIC MECHANISMS IN RELATION TO DIAGNOSIS, CLINICAL MANIFESTATIONS AND TREATMENT

Moderator: **William B. Castle, M.D., Boston**

8:30 *A Binary Logic Tree for the Diagnosis of Anemia.* Mortimer S. Greenberg, M.D., Boston.

8:45 *Iron — Too Much or Too Little.* William H. Crosby, Jr., M.D., Boston.

9:15 *The Megaloblastics Anemias.* Louis W. Sullivan, M.D., Boston.

10:15 *The Hemolytic Anemias: The Fragile Cell.* Richard A. Cooper, M.D., Boston.

10:45 *Abnormal Hemoglobins and Their Clinical Manifestations.* C. L. Conley, M.D., Johns Hopkins.

11:15 *Tissue Oxygenation in Anemia and Polycythemia.* William B. Castle, M.D.

11:45 Q & A

12-2:00 Section Luncheons on Allergy, Anesthesiology, Radiology, Internal Medicine, Physical Medicine.

2:00 **THE BLEEDER**

Moderator: Daniel Deykin, M.D., Boston
Pathophysiologic Basis of Abnormal Bleeding. Dr. Deykin.

2:45 *Platelets: Physiologic Basis of Clinically Significant Disorders.* Laurence H. Harker, M.D., Seattle.

4:00 *Blood Transfusion: Use of Individual Components.* Allan Kliman, M.D., Boston.

4:45 Panel Discussion: *Diagnosis and Management of Patients with Purpura*

WEDNESDAY, JUNE 2

8:30 *Medical Discoveries in Aero-Space Programs. Moderator:* C. Newton Peabody, M.D., Framingham. Ross A. McFarland, Ph.D., Boston; John D. Dougherty, M.D., Boston; LCDR William Harris Browning, MC, USN; and Donald Lee Holmquest, Ph.D., M.D., Astronaut, NASA. First M.D. astronaut.

11:00 The Shattuck Lecture. *The Anatomy of Our Melancholy.* George Himler, M.D., New York.

12-2:00 Section Luncheons on Dermatology, Occupational Health, Obstetrics and Gynecology, Pediatrics, Physiology and Pathology, General Practice.

2:00 Annual Meeting of the Society.

3:30 Annual Discourse. *The Physician in a Changing Social Structure.* Earle M. Chapman, M.D., Boston.

6:00 Members and Guests Reception.

7:00 Annual Dinner. Harry Schwartz, *New York Times.*

THURSDAY, JUNE 3

MANAGEMENT OF LEUKEMIA AND MALIGNANT LYMPHOMAS: CURRENT CONCEPTS

Moderator: William Curry Moloney, M.D., Boston.

8:30 *Hodgkin's Disease: The Internist's View.* Alan C. Aisenberg, M.D., Boston.

9:00 *Hodgkin's Disease: The Radiotherapist's View.* Samuel Hellman, M.D., Boston.

9:30 Panel Discussion.

10:30 *Acute Leukemia in Childhood.* Joseph H. Burchenal, M.D., New York.

11:00 *Treatment of Leukemia in Adults.* Seymour Perry, M.D., Washington, D.C.

11:30 Panel Discussion.

12:00 Section Luncheons on Ophthalmology and Otolaryngology, Psychiatry and Neurology, Surgery, Orthopaedic Surgery.

Hippocrat, 1966.

"Sports Injury Programs".

Annual "White Cap Ball" by the Auxiliary (5).

The Hampden Hippocrat's 25th Anniversary, 1967.

"Docs and Their Dolls", produced by Dr. Roger Parentean, Feb. 1968.

"Health Fair" at Eastern States Exposition, March 27-30 1969.

"Annual Diabetes Detection Week" (5).

The above tabulation is impressive, of course, but even more impressive are the 60 issues of *The Hampden Hippocrat* in which these events are duly and fully recorded.

MEDICARE AND MEDICAID

Even a cursory scanning of these bulletins shows that our Society has been effectively and meaningfully active in the last mid-decade or so. It shows also that a tremendous number of people – officers and committee men – were involved in these activities. Finally, it shows that many significant changes have taken place of late in our socioeconomic mileu. The terms *King-Anderson* and *Kerr-Mills* are all but forgotten today, but on the eve of 1965 they were very popular topics of staff-room conversation. However, they were soon to be replaced by *Medicare, Medicaid* and a number of other terms including *usual and customary fees, utilization committees, Medex, health planning, tax-supported medical care,* and *peer review,* to mention but a few.

Enacted in 1965, Medicare (Title XVIII) became effective on July 1, 1966. Medicaid (Title XIX), termed by *Life* magazine as the "fiscal sleeper of the century", was enacted several months later. All seemed to agree that the implications were profound and that Medicare-Medicaid constituted a big wedge-in-the-door to socialized medicine. This opinion was shared by Mr. Elliot Richardson in his address before the Annual Meeting of the MMS in May, 1966. Mr. Richardson was then Lt. Governor; today, as we all know, he is Secretary of HEW.

Some of the predictions attending the advent of Medicare have already come true. Costs have risen and benefits have declined. Hospital expense, especially, has skyrocketed. Medical schools find themselves struggling for survival. Many research programs have had to be shelved because of shrinking governmental subsidies. Some form of compulsory health insurance is just around the corner.

The guidance we received then, and for some time to come, from our leadership is best illustrated by the following quotation from "A Message to HDMS" from Dwight L. Wilbur, M.D., 1968 President, AMA. It reads: "Local societies must accept the fact that the medical profession is involved in health care with government at all levels, whether we like it or not."

"We must cooperate effectively with government and others in the health field, or we will by default bow out and let

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others assume the leadership in planning, developing, and delivering quality health care for everyone."

PUBLIC HEALTH:
PLUSES AND MINUSES

The late 1960's will go down in history as the immediate post-polio-vaccine era. It was the time when the scourge of polio was rapidly disappearing from the scene. Today, as we all know, the disease is virtually non-existent. It is gratifying that Hampden District played such an impressive role in the mass inoculation program against polio in the early 1960's.

In addition to the several public health programs listed earlier, our Speakers' Bureau has been quite busy of late offering lectures whenever and wherever they might be heard. Subjects covered included "Drug Abuse", "Sex Education", "Human Growth", "Emotional Needs of Children", "Smoking and Respiratory Disease", "Resuscitation", "You and Cancer", etc. The realization seems to be growing that health education of the public is one of the prime responsibilities of the physician and his medical society.

On the other side of the coin, public health in our midst suffered two major catastrophies: the enactment of the chiropractic act by our State legislature and the defeat of the flouridation referendum in Springfield. In this connection it is interesting to note that HEW Secretary Richardson recently included a *National Water Fluoridation Campaign* in his five most urgent health projects.

On reading between the lines it becomes increasingly apparent that in recent years our Society has shifted its emphasis from P-R to public health and from "public image" to involvement in community affairs.

THE MEDICAL SCHOOL PUZZLE

The historians of the future will ask: "Why was Worcester picked as the medical school site rather than the Springfield-Amherst area, where it logically belonged?" The best anyone could offer by way of explanation was: "politics". Addressing our Society on

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February 4, 1964, Dr. Lamar Soutter, Dean of the Medical School, had this to say: "I think that this area would be attractive to a faculty. I believe that most people would be glad to live in the greater Springfield area or anywhere in the Valley here where it is so pleasant and where there are so many university and college activities going on." (*The Hampden Hippocrat,* March, 1964)

The delay in starting the Medical School is also difficult to explain. Questioned about the target date for admission of the first class of students, Dean Soutter replied: "I would like to think we might be able to start in the fall of '66. We certainly ought to be ready by the fall of '67 unless some major catastrophe overtakes us." The actual opening took place in the fall of 1970 some 22 years after the establishment of a special state commission to study the inclusion of a medical school in the expansion of the University of Massachusetts.

Millman

(To be concluded next month)

Correspondence . . .

MMTP

To the Editor:

You are well aware of the problem of drug addiction and drug abuse in the community which is a deep concern for us all. In view of this concern, the staff of the Methadone Maintenance Treatment Program at the Providence Hospital would like to make a suggestion in order that it be brought to the attention of the physicians of the HDMS.

Since the recent article by Dr. Abrams in the February issue of *The Hampden Hippocrat,* many drug addicts have applied for admittance to the Methadone Maintenance Treatment Program. Due to the lack of adequate funds, physical facilities, and personnel at the present time, we have been somewhat limited in the number of patients we have been able to treat. Because of this, some addicts are making statements that they are being considered or awaiting place on our program. These slots are used as levers with the private physician in an attempt

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to secure methadone from these physicians. None of these patients are doing this with our blessing. It is our feeling that this is a mistake on the part of the addict and the physician.

It has been agreed by all the authorities in the various drug programs that addicts as a rule cannot be adequately treated by individual physicians. The office of individual physicians will be taxed too greatly and the facilities would never satisfactorily replace an established maintenance program. Lack of proper control and supervision of the drug is certainly evident in the private physician's office.

We would like the physicians in the area to feel free to call on members of the Methadone Maintenance Treatment Program to help solve any problems that may arise. You may call extension 292 or call Sr. Marie Immaculate Heart, Program Coordinator or myself.

It is our hope to expand the physical facilities and staff as well as services in order to meet the demands of an ever-growing and appalling health-problem – drug addiction and abuse.

Sincerely,
Dr. John J. Driscoll,
Acting Director, M.M.T.P.
Providence Hospital
Holyoke

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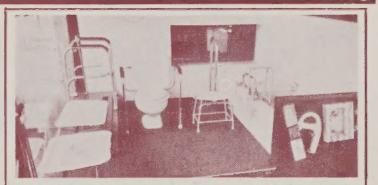

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